



RESPONSE UNDER 37 C.F.R.
§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 1654

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Judith L. Treadway	Examiner:	Billy D. Chism
Serial No.:	09/767,633	Art Unit:	1654
Filed:	January 23, 2001	Docket:	16537 (PC10721A)
For:	METHODS OF TREATING DIABETIC CARDIOMYOPATHY USING GLYCOGEN PHOSPHORYLASE INHIBITORS		Dated: April 6, 2004

Confirmation No.: 3428

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir:

Responsive to the outstanding Final Office Action dated February 25, 2004, in the above identified application, having a period of response set to expire on May 25, 2004, applicant respectfully requests that the claims be reconsidered in light of the following remarks.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450 on April 6, 2004.

Dated: April 6, 2004

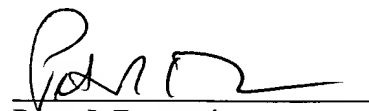
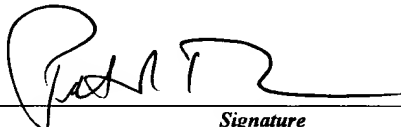
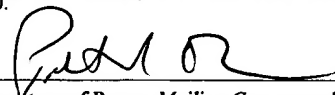

Peter I. Bernstein

Image AP/1654

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 16537 (PC10721A)	
Applicant(s): Judith L. Treadway					
Serial No. 09/767,638		Filing Date January 23, 2001		Examiner Billy D. Chism	
				Group Art Unit 1654	
Invention: METHODS OF TREATING DIABETIC CARDIOMYOPATHY USING GLYCOGEN PHOSPHORYLASE INHIBITORS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$0.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: April 6, 2004		
Peter I. Bernstein, Esq. Registration No.: 43,497 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343 PIB/MMR/rjl					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on April 6, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Peter I. Bernstein, Esq. Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					